FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

TEMPORARY

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated Average Burden
Hours per Response 4.00

851067

Gers Mell Presession Section

111 C 2 9 20 dis

Weshington, US <u>TO</u>I NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY								
Prefix		Serial						
DA.	TE RECEI	VED						
υA	IE RECEI	VED						

Name of Offering ([] check if t			nged, and	d indicate change	e.)
ATLANTA GOLD INC., Pr					
Filing Under (Check box(es) that		☐ <u>Rule 505</u> №	Rule_50	<u>06</u> ⊔ Section 4	(6) □ ULOE
Type of Filing: [X] New Filing					
		DENTIFICATIO	N DATA		
1. Enter the information requested					
Name of Issuer (☐ check if this	s is an amendment and	name has chang	jed, and ir	ndicate change.)	
ATLANTA GOLD INC.					
Address of Executive Offices (Nu			•	hone Number (I	
1250-155 University Avenue,				777-0013	
Address of Principal Business Ope		et, City, State, Zip	retep	hone Number (l	(+ 0 0/1 0 0/10 + 0/1 0 0/1 + 40 0 0 0/10 + 40 10 0/10 + 10/1 0/10 + 10/1
Code) (if different from Executive (mices)		/a.a		1 4 4 1 4 1 4 1 4 1 4 4
(same as above)			(sam	e as above)	08070868
Brief Description of Business	otolo				
Mining - gold and precious m Type of Business Organization	erais				
✓ corporation	☐ limited partnership, all	ready formed		☐ other (please s	specify):
□ business trust	☐ limited partnership, to			22 0.1.0. (p.00.00)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	<u> </u>		'ear		
Actual or Estimated Date of Incorp	<u> </u>	0 3 2 0	1 7 1 7 1	□ Actual	☐ Estimated
Jurisdiction of Incorporation or Org			rice	CN	
abbreviation for State: CN for Can	ada; FN for other foreign	urisdiction)			
GENERAL INSTRUCTIONS Federal:					
Who Must File: All issuers making an	offering of securities in relian	ce on an exemption	under Reau	lation D or Section	t(6), 17 CFR 230,501 et seg. or
15 U.S.C. 77d(6).					,
When to File: A notice must be filed no					
and Exchange Commission (SEC) on to date on which it is due, on the date it w					eceived at that address after the
Where to File: U.S. Securities and Exc					
Copies Required: Five (5) copies of thi			must be ma	anually signed. Any o	opies not manually signed must
be photocopies of manually signed cop Information Required: A new filing mu			ata	nly recent the warms	of the inquer and offering any
changes thereto, the information reque					
the Appendix need not be filed with the		onar brianges nom t			
Filing Fee: There is no federal filing fee	: ,				
State:				411.051.4	
This notice shall be used to indicathat have adopted ULOE and that					
Administrator in each state where					
claim for the exemption, a fee in					
accordance with state law. The Ap	pendix in the notice consti	tutes a part of this	notice and	d must be complete	ed.
		ATTENTION		-	
Failure to file notice in the appropri	ate states will not result in	a loss of the feder	al exemptic	on. Conversely, fai	lure to file the appropriate
federal notice will not result in a los	s of an available state exe	mption unless suc	n exemptio	n is predicated on	the filing of a federal notice.
	who respond to the collection				
SEC 1972 (6-02) required	to respond unless the form d	isplays a currently v	alid OMB co	ontrol number.	

PROCESSED

JAN 0 8 2009

THOMSON REUTERS

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of
equity securities of the issuer;
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership
issuers; and
Each general and rnanaging partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
Gray, James
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Atlanta Gold Inc. 1250-155 University Avenue, Toronto, Ontario M5H 3B7
<u> </u>
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
Baird, Bill
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Atlanta Gold Inc. 1250-155 University Avenue, Toronto, Ontario M5H 3B7
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
Holmes, W. Warren
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Atlanta Gold Inc. 1250-155 University Avenue, Toronto, Ontario M5H 3B7
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
Folk, Allan
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Atlanta Gold Inc. 1250-155 University Avenue, Toronto, Ontario M5H 3B7
To Atlanta Gold Mic. 1200 100 Gill Gill Gill Gill Gill Gill Gill Gi
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
Jackson, John
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Atlanta Gold Inc. 1250-155 University Avenue, Toronto, Ontario M5H 3B7
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
Berentsen, Eric
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Atlanta Gold Inc. 1250-155 University Avenue, Toronto, Ontario M5H 3B7
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
Tuli Marite (Last fiame ilist, il individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Pasiness of Mesidence Madiess (Mainesi and Ottool, Oil), State, Elp Gode)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General/Managing Partner
Full Name (Last name first, if individual)
Business or Pasidance Address (Number and Street City State 7in Code)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet as necessary)
(Ose blank sheet, or copy and use additional copies of this sheet as necessary)

				B. II	NFORMA	TION AE	BOUT OF	FERING	i			
1. Has the		-	the issue	r intend to	sell, to no	n-accredi	ited invest	tors in this	1		Yes	No
offering?					Ancur	ar also is 4	Annandiv	Column 3	if filing :	ınder ULOE		⊠
2. What is	the minim	um investr	ment that	will be acc					i, ii iliiiig u	inger ococ	\$0.00	
						_					V	No
3 D IL	#aii.aa -			مام ماء ماء	Deieu ala						Yes ⊠	No □
3. Does th	e onering p	-		•	gie unit?							Ш
4. Enter th	e informati	ion reques	sted for ea	ach perso						or indirectly		
										of securities pistered with		
										persons to		
			ersons of	such a b	roker or d	dealer, yo	u may se	et forth the	e informat	tion for tha	t	
Full Name	or dealer o (Last nam		ndividual)									
Business	or Residen	ce Addres	s (Numbe	er and Stre	eet, City, S	State, Zip (Code)					
Name of A	ssociated	Broker or						_				
										_		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[СТ]	[DE]	[DC]	[FL]	[GA]	[HI]	[iD]
[//L]	[AK] (IN)	[AZ] [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[r L] [MI]	[MN]	[MS]	[MO]
[MT]	(IIV) [NE]	נייו] [NV]	[NH]	[NJ]	[L∕]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[תַדְּ]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name				[+^]	[01]	- [٧٠]	[VA]	[AAU]	[444]	[vvi]	[**1]	[, 14]
· on realise	(Cast nam	.c c.,	io, viduai,									
Business	or Residen	ce Addres	s (Numbe	er and Stre	et, City, S	State, Zip (Code)					
Name of A	ssociated	Broker or	Dealer								_	
									_			
												S) I All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	(MA)	[MI]	[MN]	[MS]	[MO]
[TM]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] (Last nam	[SD]	[NT]	[TX]	ĮUTJ	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ruii ivame	(Last nam	ie iirst, it ii	idividuai)									
Business	or Residen	ce Addres	s (Numbe	er and Stre	eet, City, S	State, Zip (Code)					
Name of A	ssociated	Proker or	Doalor					_				
												All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H1]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	(SD)	[TN]	[ТХ]	(UTJ	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ruli Name	(Last nam	ie nest, it it	iaiviauai)									
Business	or Residen	ce Addres	s (Numbe	er and Stre	eet, City, S	State, Zip (Code)					
	ssociated											
												s) All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	(KY)	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND] [A/A]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	ָנעדן	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet as necessary)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Debt Equity	Aggregate Offering Price \$0 \$0		Amount Already Sold \$0
	□ Common □ Preferred	\$0		\$0
	Convertible Securities (Including warrants)	\$0 \$0		\$ 0
	Partnership Interests	\$0		\$0
	Other (Specify): 410,000 Units ⁽¹⁾ at a price of CDN\$0.10 (US\$0.08065 ⁽²⁾) per Unit	\$0		\$33,064.52 ⁽¹⁾⁽²⁾
	Total	\$0		\$33,064.52 ⁽¹⁾⁽²⁾
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE.	Number Investors 2 NIL N/A		Aggregate Dollar Amount Of Purchases \$33,064.52 ⁽¹⁾⁽²⁾ \$ NIL \$ N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504 Total	Type of Security N/A N/A N/A N/A N/A		Dollar Amount Sold \$ N/A \$ N/A \$ N/A \$ N/A
4. 6	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$25
	Printing and Engraving Costs			\$0
	Legal Fees		X	\$1000
	Accounting Fees			\$0
	Engineering Fees			\$0
	Sales Commissions (Specify finders' fees separately)			\$0
	Other Expenses (Identify): State Filing Fees		X	\$75
	Total		\boxtimes	\$1100

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

4.	b. Enter the difference between the aggreg response to Part C - Question 1 and total expresponse to Part C - Question 4.a. This differenceds to the issuer.	enses furnished in					\$31,964.52 ⁽¹⁾⁽²⁾
5.	Indicate below the amount of the adjusted groused or proposed to be used for each of the pamount for any purpose is not known, furnish box to the left of the estimate. The total of the equal the adjusted gross proceeds to the issue Part C - Question 4.b above.	ourposes shown. If the an estimate and check the e payments listed must		Óffi Direc	nents to icers, ctors, & liates		Payments to Others
	Salaries and fees			\$0			\$0
	Purchase of real estate			\$0			\$0
	Purchase, rental or leasing and installation			\$0			
	Construction or leasing of plant buildings	and facilities		\$0			\$0
	Acquisition of other businesses (include	ling the value of securities					
	involved in this offering that may be used		_	••		_	••
	or securities of another issuer pursuant t			\$0			<u>\$0</u>
	Repayment of indebtedness			\$0			40
	Working capital		_	\$0			\$15,500.00(1)(2)
	Other (Specify): Mining and exploration			\$0			\$16,464.52 ⁽¹⁾⁽²⁾ \$31,964.52 ⁽¹⁾⁽²⁾⁾
	Column Totals Total Payments Listed (Column tot			\$0 図	\$31,964.5	⊠	
•	Each unit consists of one common share and of purchase one common share for a period of 24 m U.S. Dollar equivalent based on the noon buying to be considered to be considered to the noon buying to be considered to be considered to the noon buying to be considered to be considered to the noon buying to be considered to	onths from the date of closing at a	an ex cemb	ercise pric	e of CDN\$0	.25 (1	J\$ \$ 0,2016 ⁽²⁾).
Rı Co	e issuer has duly caused this notice to be signed to be s	gned by the undersigned dul n undertaking by the issuer t	y aut	rnish to t	he U.S. S	ecuri	ties and Exchange
1	suer (Print or Type) FLANTA GOLD INC.	Signatu			Date		.00.000
<u> </u>	ILANTA GOLD INC.	Milmin			Decem	ber	23, 2008
Na	me of Signer (Print or Type)	Title of Signer (Print or Ty	pe)				
Bi	ll Baird	President and Chief E	xec	utive O	fficer		
	_	ATTENTION			_		
	Intentional misstatements or omission		inal vi	olations. (See 18 U.S.	C, 10()1.)

		E. STATE SIGNATURE			
1.	ts any party described in 17 CFR 230.25 disqualification	2(c), (d), (e) or (f) presently subject to a	any of the	Yes	No
	provisions of such rule?				×
	See	Appendix, Column 5, for state respons	e		
2. 3. 4.	The undersigned issuer hereby undertak notice on Form D (17 CFR 239,500) at sign of the undersigned issuer hereby undertiguished by the issuer to offerees. The undersigned issuer represents that the Uniform Limited Offering Exemption claiming the availability of this exemption	uch times as required by state law. akes to furnish to the state administ the issuer is familiar with the conditio (ULOE) of the state in which this notic	rators, upon w ons that must be be is filed and u	ritten reques e satisfied to nderstands t	st, information be entitled to that the issuer
	e issuer has read this notification and kno half by the undersigned duly signed persor		uly caused this	notice to be	signed on its
Iss	suer (Print or Type)	Signature /	Date		
A.	TLANTA GOLD INC.	Whand	Decem	ber 23, 20	800
Na	ime of Signer (Print or Type)	Title of Signer (Print or Type)			

President and Chief Executive Officer

Instruction:

Bill Baird

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually singed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

٨	DI	Œ	М	n	Y
м	_		м	_	

				APP	ENDIX				
1	2	2	3		4			5	
]								ification
1			Type of						State
'	Intend t	o sell to	security and					ULOE	(If yes,
· '	non-acc	credited	aggregate						ach
	invest	lors in	offering price		Type of Inve				ation of
	Sta	ate	offered in state		Amount purchas	sed in State	'	waiver	granted)
	(Part B	-ltem 1)	(Part C-Item 1)		(Part C-Ite	em 2)		(Part E	-Item 1)
			Share of			Number of			
	ŀ		Common	Number of		Non-			
			Stock	Accredited		Accredited			
State	Yes	No	and One-Half	Investors	Amount	Investors	Amount	Yes	No
			Share						
			Purchase						
			Warrant			·			
			(UNIT ⁽¹⁾)						
AL_									
AK									<u> </u>
AZ		ļ			_				
AR	<u> </u>	 	ļ						
CA	ļ				********		h1/*		
CO	<u> </u>	X	\$0	2	\$33,064.52	0	N/A		Х
CT		ļ							
DE						1			
DC FL		•							
			<u> </u>			-			
GA HI		<u> </u>	<u> </u>						
ID									
iL	i								
IN									·
IA									
KS									
KY									
LA							•		
ME									
MA	1								<u> </u>
MD		<u> </u>				_			
MI		ļ							-
MN		-	-						
MS		<u> </u>				 		<u> </u>	
MO	-	-				 			
MT						-			
NC			-			ļ		<u> </u>	
NE NV		-	-			1			
NH		-	-						
NJ		<u> </u>							
NM		-	-						-
NY		 	1			 			
NY									
ND	 	1				†			
OH	+	<u> </u>	<u> </u>			1			
OK		<u> </u>]
OR						1			<u> </u>
	1	1	1	<u> </u>	<u> </u>	L	<u> </u>		ı

				APP	ENDIX				
1	Intend to non-act inves St	o sell to credited tors in ate	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of Investor and Amount purchased in State (Part C-Item 2)					5 lification r State (If yes, ach ation of granted) -Item 1)
State	Yes	No	Share of Common Stock and One-Half Share Purchase Warrant (UNIT ⁽¹⁾)	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
PA			, ,						İ
RI									
SC									
SD									[
TN									
TX		ļ							
VT									ļ
VA		ļ							ļ
WA									
WV		<u> </u>				-			
WI									
WY_		1							-
PR	1	I	1		l	1	i	l	l .

 ⁽¹⁾ Each unit consists of one common share and one-half of one share purchase warrant. Each whole warrant entitles the holder to purchase one common share for a period of 24 months from the date of closing at an exercise price of CDN\$0.25 (US\$0.2016⁽²⁾).
 (2) U.S. Dollar equivalent based on the noon buying rate of the Bank of Canada on December 2, 2008, of U.S\$1.00=CDN\$1.24.

